## DEPARTMENT OF SOCIAL AND HEALTH SERVICES MEDICAL ASSISTANCE ADMINISTRATION Olympia, Washington

To: Adult Day Health Providers Memorandum No: 05-34 MAA

Managed Care Plans Issued: June 30, 2005

From: Douglas Porter, Assistant Secretary For Information Call:

Medical Assistance Administration (MAA) (800) 562-6188

**Subject:** Adult Day Health: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will implement a legislatively appropriated one (1.0) percent vendor rate increase for Adult Day Health.

#### **Maximum Allowable Fees**

The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

# **Diagnosis Reminder**

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits when applicable) or the entire claim will be denied.

## **Billing Instructions Replacement Pages**

Attached are replacement pages E.1-E.2 for MAA's current *Adult Day Health Billing Instructions*.

## How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <a href="http://maa.dshs.wa.gov">http://maa.dshs.wa.gov</a> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules link*).

To request a free paper copy from the Department of Printing:

- 1. **Go to: http://www.prt.wa.gov/** (Orders filled daily.)
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social** and **Health Services** and then select **Medical Assistance**.
  - d) Select *Billing Instructions*, *Forms*, *Healthy Options*, *Numbered Memo*, *Publications*, or *Issuance Correction*. You will then need to select a year and the select the item by number and title.
- 2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

# **Fee Schedule**

Use the following HCPCS\* codes, as appropriate, when billing for Adult Day Health (ADH) services. Send your HCFA-1500 claim forms to the MAA address listed in the Important Contacts section.



**Note:** The reimbursement rates for ADH services are determined according to the county where the provider is located, not by the client's county of residence. MAA reimburses ADH services based on a daily rate (four hour day).

Procedure Code	Modifier	Description	7/1/05 Maximum Allowable
T1023	НТ	Screening to determine the appropriateness for consideration of an individual for participation in a specified program Use for: Adult Day Health intake evaluation	\$90.27
S5102	TG	Day health services, adult, per day. King County	\$47.96
S5102	TG	Day health services, adult, per day. Benton, Clark, Franklin, Island, Kitsap, Pierce, Snohomish, Spokane, Thurston, Whatcom, and Yakima	\$43.49
S5102	TG	Day health services, adult, per day. Other counties	\$41.09



**Note:** The maximum allowable amounts listed above are predetermined and do not include transportation. Transportation to and from the program site is not

include transportation. Transportation to and from the program site is not reimbursed under the ADH rate. Arrangements for transportation for eligible MAA clients are made with local MAA transportation brokers, informal providers, or other available resources per Chapter 388-546 WAC.

#### **Key to Modifiers:**

HT = Multi-disciplinary team

TG = Complex/high tech level of care

\*HCPCS stands for the Healthcare Common Procedure Coding System

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